ID# _____ (1-4)

The Michigan Department of Labor and Economic Growth (DL&EG) is doing a follow-up survey with Work First Program participants after they exit the program. We would appreciate your cooperation in completing the survey. Please answer all of the questions as completely and honestly as you are able. Your answers are completely confidential. All surveys returned by December 16, 2005 will be entered into a drawing for one of thirty \$50 cash incentives. If you would like to complete the survey by telephone please call Betty with Moore & Associates, Inc. at 1-800-381-4221.

Pleas	e circle the best answer to the following questions.						
Q1.	Are you now working at a job or business (including self-employed)? 1 Yes, I have 1 job right now (Go to question 4a) 2 Yes, I have 2 jobs right now (Go to question 4a) 3 Yes, I have 3 jobs or more right now (Go to question 4a) 4 No, I'm not currently working (Continue to question 2)						
lf you	are working now, please skip questions 2 and 3; procee	d direc	tly to question 4a.				
Q2.	If you are not working now, when was the last time you had a paying job? (Fill in the month/year) / (date) month year						
Q3.	 If you are not working now, for what reasons are you not wo I cannot find work I had problems with child care I had an illness in the family I was laid off I moved away from the area I cannot find a job that offers enough hours for me to work 	rking? 7 8 9 10 11	(Circle all that apply) Hourly wage too low I am going to school I was fired I was sick or injured I had a new baby My job was seasonal	(33-34)			
Pleas	e continue with the following questions.						
Q4a.	What is your current or most recent job title?						
Q4b.	b. Please describe your responsibilities in your current or most recent job.						
Q5.	Does anyone else in your household have a paying job? 1 Yes 3 I live a	lone		(43)			

2

No

I don't know

Q6.	Do you or does anyone else in your household receive public assistance, welfare payments, food stamps, vouchers, SSI, or emergency help from FIA or other government agencies?					(44)	
	1	Yes	2	No (Skip to	o que	estion 7)	
	9 I don't know (Skip to question 7)						
Q6a.	If yes, in the last month, how much did you or anyone else in your household receive in						
	1.	Welfare payments?					(45-48)
	2.	Food stamps?	\$				(49-52)
	3.	SSI?	\$				(53-56)
Q7.	Do you currently have children living at home with you?						
	1	Yes	2	No (Skip to	o que	estion 8)	
Q7a.	If you	ı have children living with you,	do they go to:	(Circle all th	at ap	oply)	
	1	Child care	4	Elementary	/ sch	ool	(58-63)
	2	Pre-school	5	Middle sch	ool		
	3	Head Start	6	High school	ol		
Q7b.	If you have children living with you, what type of health insurance do they have? (Circle all that apply)					(64-67)	
	1	My children do not have any	y type of health	insurance	3	Healthy Kids/Medicaid	
	2	Through my or my spouse's	semployer		4	MIChild	
For the	e next o	questions, if you are not wo	rking now, an	swer for you	ır las	t job.	
Q8.	from	many hours a week do you us week to week, please choo ber of hours you most often	se a single nu				
		Hours/ week					(68-69)
Q9.	How long have you worked for your current or most recent employer? (Fill in the number of months or years.)						(70.74)
					Vooro	(70-71) (72-73)	
	Months Years				_ rears	(12-13)	
Q10.	Did you work for other employers during the past year?						(74)
	1 Yes 2 No (Skip to question 11)						
Q10a.	If you worked for another employer, what were your responsibilities?						
							(75-76)
							(77-78)
							(79-80)
Q11.	Does your current or most recent employer provide you with training programs to upgrade your skills?						(81)
	1	Yes	2	No (Skip t	o qu	estion 12)	
	9 I don't know (Skip to instructions before question 12)						
Q11a.	If yes	s, are you currently participatir Yes	ng in a training 2	program thro No	ugh y	your employer?	(82)

If you a	re not	currently working please skip to qu	uestion	n 14.			
Q12.		are working now, does your employe mmunity college or other schools that Yes		you tuition reimbursement for taking courses prove your skills in your job? No (Skip to question 13)	(83)		
	9	I don't know (Skip to question 13)					
Q12a.	If yes, are you currently taking any classes to improve your job skills that your employer is paying for?						
	1	Yes	2	No			
Q13.	If you 1 9	are currently working now, does your Yes I don't know (Skip to question 14)	emplo 2	yer offer health care insurance? No (Skip to question 14)	(85)		
Q13a.	If your employer offers health insurance, does your employer pay all, part or none of the monthly cost of the premiums? 1 My employer pays for ALL for the monthly costs 2 My employer pays for PART for the monthly costs						
	3 9	My employer DOES NOT pay for an I don't know		•			
Q14.	What types of training programs have you had since leaving Work First? (Circle all that apply)						
	1	On-the-job training	4	Computer training	(87-91)		
	2	Off-site training	5	Help with reading or math			
	3	Tuition reimbursement	7	None			
Q15.	Do you have health insurance coverage? (If yes, circle all that apply)						
	1 Yes, I have health insurance through my employer						
	2 Yes, I have health insurance through another program (state or county)						
	3 Yes, I have health insurance through my spouse's employer						
	4 No, I have no health insurance at all						
	9	I don't know					
Q16.	What is your regular hourly pay? If you are not currently working, fill in your last hourly wage. If you have more than 1 job, fill in your highest wage.						
	\$	an hour					
Q17.		g the past 12 months, was there ever utility bills?	a time	when you were not able to pay the mortgage,	(100)		
	1	Yes 2		(Skip to instructions before question 18)			
	9	I don't remember (Skip to instructi	ons be	efore question 18)			
Q17a.	In the past 12 months, how many times were you unable to pay one of these?						
	times						

Now we would like to ask you if you feel you and your family are better off, worse off or about the same in the following categories than when you were receiving cash assistance from the state.

Q18.	(Please circle one for each category)	A lot better off	A little better off	The same	A little worse off	A lot worse off				
	a. Your household income. Do you feel you are	5	4	3	2	1	(103)			
	b. Your housing condition. Do you feel you are	u 5	4	3	2	1	(104)			
	c. Your food and nutrition. Do you feel you are	ı 5	4	3	2	1	(105)			
	d. Health care for your child or children, if your children live with you. Do you feel you are	5	4	3	2	1	(106)			
	e. Access to health insurance coverage. Do you feel you are	5	4	3	2	1	(107)			
Q19.	1 Improving job skills 3 Getting a higher paying job									
Q20.	2 Finding a job 4 Keeping a job Would you say that being in Work First helped your family with any of the following things? (Circle all that apply)									
	1 Money management and budgeting 4 Getting better housing									
	2 Paying your bills on time 5 Getting better health care									
	3 Getting health insurance 6 Getting better dental care									
Q21.	Do you have anything else you w	ould like to say	about Work	First?			(118-119) (120-121) (122-123)			
	If you want to be entered into a drawing for one of thirty \$50 cash incentives, please complete the following:									
	Name:									
	Address:									
	City, State, Zip:									
	Phone Number:									

Please return the survey in the enclosed business reply envelope to Moore & Associates, Inc.
21701 W. Eleven Mile Rd. Suite 9
Southfield, MI 48076

Thank you again for your help!